

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 31, 2004 8:00 am**  
**Secretary of State**

08-31-2004 90003 045 \*\*\*\*61.25

**DOCUMENT # N02000008888**

1. Entity Name  
**TAFT UNITED METHODIST CHURCH, INC.**



Principal Place of Business  
**808 FOURTH ST.  
ORLANDO, FL 32824**

Mailing Address  
**808 FOURTH ST.  
ORLANDO, FL 32824**

**54071005**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08192004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3296255**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREEN, ERNEST  
9809 7TH AVENUE  
ORLANDO, FL 32824**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete  
NAME **GREEN, ERNEST**  
STREET ADDRESS **909 7TH AVENUE**  
CITY-ST-ZIP **ORLANDO, FL 32824**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DV** ☐ Delete  
NAME **HARKEY, SARAH L**  
STREET ADDRESS **1020 4TH STREET**  
CITY-ST-ZIP **ORLANDO, FL 32824**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DT** ☐ Delete  
NAME **SHIELDS, LEROY**  
STREET ADDRESS **7444 LAKE WILLIS DR.**  
CITY-ST-ZIP **ORLANDO, FL 32821**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DS** ☐ Delete  
NAME **FORD, JEAN**  
STREET ADDRESS **4109 MERRYWEATHER DR.**  
CITY-ST-ZIP **ORLANDO, FL 32812**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MILLS, THELMA**  
STREET ADDRESS **482 KENTUCKY WOOD LN.**  
CITY-ST-ZIP **ORLANDO, FL 32824**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Leroy & Opal Shields*

8-27-04 407 239 6318

Date Daytime Phone #



**Leroy & Opal Shields**  
7444 Lake Willis Dr.  
Orlando, FL 32821-9321